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<b>Issue Classification</b> 	Application No.		Applicant(s)	
	10/051,356		BAUMOLLER ET AL.	
	Examiner		Art Unit	
	José A Fortuna		1731	

ORIGINAL				CROSS REFERENCE(S)									
CLASS		SUBCLASS		CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)							
162		158		162		172	179	135	173				
INTERNATIONAL CLASSIFICATION				424		402	443	449					
D	2	1	H	17/72		428	195.1						
D	2	1	H	17/14									
D	2	1	H	17/06									
D	2	1	H	17/24									
D	2	1	H	17/53									
(Assistant Examiner) (Date)				José A. Fortuna (Primary Examiner) (Date)				Total Claims Allowed: 13					
Signature of Assistant Examiner Legal Instruments Examiner (Date)				Signature of Primary Examiner (Date)				O.G. Print Claim(s) 1		O.G. Print Fig. None			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	31	61	91	121	151	151	181
2	32	62	92	122	152	152	182
3	33	63	93	123	153	153	183
4	34	64	94	124	154	154	184
5	35	65	95	125	155	155	185
6	36	66	96	126	156	156	186
7	37	67	97	127	157	157	187
8	38	68	98	128	158	158	188
9	39	69	99	129	159	159	189
10	40	70	100	130	160	160	190
11	41	71	101	131	161	161	191
12	42	72	102	132	162	162	192
1	13	43	103	133	163	163	193
2	14	44	104	134	164	164	194
3	15	45	105	135	165	165	195
4	16	46	106	136	166	166	196
5	17	47	107	137	167	167	197
6	18	48	108	138	168	168	198
7	19	49	109	139	169	169	199
8	20	50	110	140	170	170	200
9	21	51	111	141	171	171	201
10	22	52	112	142	172	172	202
11	23	53	113	143	173	173	203
12	24	54	114	144	174	174	204
13	25	55	115	145	175	175	205
		56	116	146	176	176	206
		57	117	147	177	177	207
		58	118	148	178	178	208
		59	119	149	179	179	209
		60	120	150	180	180	210

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## ISSUE CLASSIFICATION

ORIGINAL				CROSS REFERENCE(S)							
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
INTERNATIONAL CLASSIFICATION											
D	0	6	M	13/17							
D	0	6	M	13/144							
A	6	1	K	7/00							
D	0	6	M	13/224							
A	6	1	K	9/00							

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		331	
212		242		272		332	
213		243		273		333	
214		244		274		334	
215		245		275		335	
216		246		276		336	
217		247		277		337	
218		248		278		338	
219		249		279		339	
220		250		280		340	
221		251		281		341	
222		252		282		342	
223		253		283		343	
224		254		284		344	
225		255		285		345	
226		256		286		346	
227		257		287		347	
228		258		288		348	
229		259		289		349	
230		260		290		350	
231		261		291		351	
232		262		292		352	
233		263		293		353	
234		264		294		354	
235		265		295		355	
236		266		296		356	
237		267		297		357	
238		268		298		358	
239		269		299		359	
240		270		300		360	